

SERFF Tracking Number:	META-125428905	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	37894
Company Tracking Number:	G07-61		
TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Group Long-Term Care Insurance Advertising		
Project Name/Number:	G07-61/G07-61		

## Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Group Long-Term Care Insurance Advertising SERFF Tr Num: META-125428905 State: ArkansasLH

Insurance Advertising

TOI: LTC03G Group Long Term Care

SERFF Status: Closed

State Tr Num: 37894

Sub-TOI: LTC03G.001 Qualified

Co Tr Num: G07-61

State Status: Filed-Closed

Filing Type: Advertisement

Co Status:

Reviewer(s): Harris Shearer

Author: Mary Rinaldi

Disposition Date: 04/15/2008

Date Submitted: 01/14/2008

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: G07-61

Status of Filing in Domicile: Authorized

Project Number: G07-61

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 04/21/2008

State Status Changed: 04/21/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Re: Filing No. G07- 62

Metropolitan Life Insurance Company ("MetLife")

Group Long-Term Care Insurance Advertising

NAIC Company No. 65978 - FEIN No. 13-5581829

Dear Sir/Madam:

SERFF Tracking Number: META-125428905 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 37894  
Company Tracking Number: G07-61  
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
Product Name: Group Long-Term Care Insurance Advertising  
Project Name/Number: G07-61/G07-61

We enclose for filing electronic copies of the group long-term care advertising materials described below. The material are intended for use with the following previously approved group long-term care policy forms.

The advertising materials are new and do not replace materials previously filed with your Department.

Advertising Form Number Brief Description of Invitation to Inquire Advertising Material

ADF#1849.07 Helping Hand Admin Text/Blurb  
ADF#1850.07 Consequences Admin Text/Blurb  
ADF#1851.07 Age 29 or 92 Admin Text/Blurb  
ADF#1852.07 Caregiver Dilemma Text/Blurb

The NAIC Form is enclosed and the filing fee check has been mailed to your Department.

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,

Mary J. Rinaldi

Consultant-Compliance Marketing/AD

## Company and Contact

### Filing Contact Information

Mary Rinaldi, Consultant- Compliance mrinaldi@metlife.com  
MKTG/AD  
Green Farms Road (203) 221-3859 [Phone]  
Westport, CT 06880

### Filing Company Information

Metropolitan Life Insurance Company.	CoCode: 65978	State of Domicile: New York
1MetLife Plaza	Group Code: -99	Company Type: Life
Long Island City, NY 11101-4015	Group Name:	State ID Number:

<i>SERFF Tracking Number:</i>	<i>META-125428905</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>37894</i>
<i>Company Tracking Number:</i>	<i>G07-61</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>G07-61/G07-61</i>		

(111) 111-1111 ext. [Phone]

FEIN Number: 13-5581829

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SERFF Tracking Number:	META-125428905	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	37894
Company Tracking Number:	G07-61		
TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Group Long-Term Care Insurance Advertising		
Project Name/Number:	G07-61/G07-61		

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$25.00 per advertisement
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
000881849	\$100.00	01/03/2008

<i>SERFF Tracking Number:</i>	<i>META-125428905</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>37894</i>
<i>Company Tracking Number:</i>	<i>G07-61</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>G07-61/G07-61</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed-Closed	Harris Shearer	04/21/2008	04/21/2008

<i>SERFF Tracking Number:</i>	<i>META-125428905</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>37894</i>
<i>Company Tracking Number:</i>	<i>G07-61</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>G07-61/G07-61</i>		

## Disposition

Disposition Date: 04/15/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125428905 State: Arkansas

Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 37894

Company Tracking Number: G07-61

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Group Long-Term Care Insurance Advertising

Project Name/Number: G07-61/G07-61

Item Type	Item Name	Item Status	Public Access
Supporting Document	Explanation of Variables	Filed-Closed	Yes
Supporting Document	NAIC Form	Filed-Closed	Yes
Supporting Document	Cover Letter	Filed-Closed	Yes
Form	Helping Hand Admin Text/Blurb	Filed-Closed	Yes
Form	Consequences Admin Text/Blurb	Filed-Closed	Yes
Form	Age 29 or 92 Admin Text/Blurb	Filed-Closed	Yes
Form	Caregiver Dilemma Admin Text/Blurb	Filed-Closed	Yes

SERFF Tracking Number: META-125428905 State: Arkansas

Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 37894

Company Tracking Number: G07-61

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Group Long-Term Care Insurance Advertising

Project Name/Number: G07-61/G07-61

## Form Schedule

**Lead Form Number:** ADF#1849.07

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed	ADF#1849.07	Advertising	Helping Hand Admin Text/Blurb	Initial		0	ADF#1849.07 - Helping Hand.pdf
Filed-Closed	ADF#1850.07	Advertising	Consequences Admin Text/Blurb	Initial		0	ADF#1850.07 - Consequences.pdf
Filed-Closed	ADF#1851.07	Advertising	Age 29 or 92 Admin Text/Blurb	Initial		0	ADF#1851.07 - Age 29 or 92.pdf
Filed-Closed	ADF#1852.07	Advertising	Caregiver Dilemma Admin Text/Blurb	Initial		0	ADF#1852.07 - Caregiver Dilemma.pdf



## **Helping Hand**

The possibility of needing long-term care services is something we all face, regardless of age. To some, the decision to ask for help can be just as unpleasant as the prospect of needing care. Long-term care insurance can provide a much needed helping hand to your loved ones; lessening the strain without sacrificing your life savings or control over your care. With MetLife Long-Term Care Insurance you can feel assured that you've taken steps to prepare for whatever uncertainties the future holds. It may be one of the easiest decisions you'll ever face. For more information, please **[call 800-XXX-XXXX (hours of call center) / visit us at (web address) / click here.]**

Like most Group Long-Term Care Insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions of benefits, limitations and terms for keeping them in force. For information about costs and complete details, call MetLife at [1-866-414-7076]. Metropolitan Life Insurance Company, New York, NY 10166. Insurance Policy Numbers G.LTC197, G.LTC1597 or GPNP99-LTC.

### **Consequences**

Americans are living longer lives, but living longer also means there is a greater likelihood of developing a chronic condition that requires assistance with day-to-day activities. Having the financial resources to pay for care is just one of the many challenges you may have to confront. The MetLife Long-Term Care Insurance Plan can help you prepare for the future, and help protect your family and retirement savings from the consequences of needing long-term care. For more information, please **[call 800-XXX-XXXX (hours of call center) / visit us at (web address) / click here.]**

Like most Group Long-Term Care Insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions of benefits, limitations and terms for keeping them in force. For information about costs and complete details, call MetLife at [1-866-414-7076]. Metropolitan Life Insurance Company, New York, NY 10166. Insurance Policy Numbers G.LTC197, G.LTC1597 or GPNP99-LTC.

**Age 29 or 92**

Would you expect your friends or family to pay to replace your car if you were in an accident? Probably not, that's why you have car insurance. So why would you expect your loved ones to assume the cost if you needed long-term care services as a result of that accident? Long-term care needs are not covered by medical or disability insurance, and an illness or accident that requires this type of care can happen without warning, whether you're 29 or 92. Protect yourself and your loved ones from the consequences of needing long-term care services; apply for MetLife Long-Term Care Insurance today! For more information, please **[call 800-XXX-XXXX (hours of call center) / visit us at (web address) / click here.]**

Like most Group Long-Term Care Insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions of benefits, limitations and terms for keeping them in force. For information about costs and complete details, call MetLife at [1-866-414-7076]. Metropolitan Life Insurance Company, New York, NY 10166. Insurance Policy Numbers G.LTC197, G.LTC1597 or GPNP99-LTC.

### **Caregiver Dilemma**

Millions of Americans struggle to balance their responsibilities on the job and at home while caring for an adult family member or friend. In fact, the majority of today's long-term care needs are met by informal caregivers who are untrained and usually unpaid. If you have ever experienced a caregiving situation, either yourself or through someone else, you can appreciate the challenges that present themselves. Having MetLife Long-Term Care Insurance can make all the difference to you and your caregivers. For more information, please **[call 800-XXX-XXXX (hours of call center) / visit us at (web address) / click here.]**

Like most Group Long-Term Care Insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions of benefits, limitations and terms for keeping them in force. For information about costs and complete details, call MetLife at [1-866-414-7076]. Metropolitan Life Insurance Company, New York, NY 10166. Insurance Policy Numbers G.LTC197, G.LTC1597 or GPNP99-LTC.

<i>SERFF Tracking Number:</i>	<i>META-125428905</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>37894</i>
<i>Company Tracking Number:</i>	<i>G07-61</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>G07-61/G07-61</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125428905 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 37894  
Company Tracking Number: G07-61  
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
Product Name: Group Long-Term Care Insurance Advertising  
Project Name/Number: G07-61/G07-61

## Supporting Document Schedules

	Review Status:	
<b>Satisfied -Name:</b> Explanation of Variables	Filed-Closed	04/21/2008
<b>Comments:</b> EOVs are enclosed		
<b>Attachments:</b> EOV ADF#1849.07 Helping Hand Admin Text-Blurb.pdf EOV ADF#1850.07 Consequences Admin Text-Blurb.pdf EOV ADF#1851.07 Age 29 or 92 Admin Text-Blurb.pdf EOV ADF#1852.07 Caregiver Dilemma Admin Text-Blurb.pdf		
<b>Satisfied -Name:</b> NAIC Form	Filed-Closed	04/21/2008
<b>Comments:</b> The NAIC Form is enclosed.		
<b>Attachment:</b> AR _ NAIC_Group.pdf		
<b>Satisfied -Name:</b> Cover Letter	Filed-Closed	04/21/2008
<b>Comments:</b> cover letter is enclosed.		
<b>Attachment:</b> AR_G_Filing Letter .pdf		



**Metropolitan Life Insurance Company**  
**NAIC: 241-65978**

**EXPLANATION OF VARIABLE MATERIAL**

**Helping Hand Admin Text/Blurb**

**FORM NUMBER: ADF#1849.07**

There is no Specific variable material within the enclosed form.

**ILLUSTRATIVE MATERIAL**

Illustrative material consists of entries such as phone number and website address which may be varied.



**Metropolitan Life Insurance Company**  
**NAIC: 241-65978**

**EXPLANATION OF VARIABLE MATERIAL**

**Consequences Admin Text/Blurb**

**FORM NUMBER: ADF#1850.07**

There is no Specific variable material within the enclosed form.

**ILLUSTRATIVE MATERIAL**

Illustrative material consists of entries such as phone number and website address which may be varied.





**Metropolitan Life Insurance Company**  
**NAIC: 241-65978**

**EXPLANATION OF VARIABLE MATERIAL**

**Age 29 or 92 Admin Text/Blurb**

**FORM NUMBER: ADF#1851.07**

There is no Specific variable material within the enclosed form.

**ILLUSTRATIVE MATERIAL**

Illustrative material consists of entries such as phone number and website address which may be varied.



**Metropolitan Life Insurance Company**  
**NAIC: 241-65978**

**EXPLANATION OF VARIABLE MATERIAL**

**Caregiver Dilemma Admin Text/Blurb**

**FORM NUMBER: ADF#1852.07**

There is no Specific variable material within the enclosed form.

**ILLUSTRATIVE MATERIAL**

Illustrative material consists of entries such as phone number and website address which may be varied.

**Life, Accident & Health, Annuity, Credit Transmittal Document**

Reset Form

<b>1.</b>	<b>Prepared for the State of</b>	<b>ARKANSAS</b>					
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<b>2.</b>	<b>Department Use Only</b>						
	<b>State Tracking ID</b>						

  

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	STATE #
	Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	New York	A&H	241	65978	13-5581829	

  

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Mary J. Rinaldi Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	203.221.3859	203.221.6554	mrinaldi@metlife.com

  

<b>5.</b>	<b>Requested Filing Mode</b>	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational  <input type="checkbox"/> Combination (please explain): _____  <input type="checkbox"/> Other (please explain): _____
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<b>6.</b>	<b>Company Tracking Number: G07-61      Advertising Forms: ADF#1849.07 et al</b>						
<b>7.</b>	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission <input type="checkbox"/> Previous file #						
<b>8.</b>	<b>Market</b>	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Individual         </div> <div> <input type="checkbox"/> Franchise         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;"> <b>Group</b> </div> <div> <input type="checkbox"/> Small                <input type="checkbox"/> Large                <input checked="" type="checkbox"/> Small and Large         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> Employer                <input type="checkbox"/> Association                <input type="checkbox"/> Blanket         </div> <div> <input type="checkbox"/> Discretionary                <input type="checkbox"/> Trust         </div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Other: _____         </div>					
<b>9.</b>	<b>Type of Insurance</b>	<b>LTC03G    Group Long-Term Care Insurance</b>					
<b>10.</b>	<b>Product Coding Matrix Matix Filing Code</b>	<b>LTC03G.001 - Qualified</b>					

11.	Submitted Documents	<input type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other  <input type="checkbox"/> <b>RATES</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATES:</b> _____ Please explain:  <b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
12.	Filing Submission Date	January 14, 2008
13.	Filing Fee (If required)	Amount \$ 100.00 _____ Check Date January 3, 2008 _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number 000881849 _____
14.	Date of Domiciliary Approval	NA New York does not require LTCI advertising to be filed.
15.	Filing Description:	GROUP LONG-TERM CARE INSURANCE ADVERTISING MATERIAL(S)
	PLEASE SEE COVER LETTER	

**View Complete Filing Description**

16.	<b>Certification (If required)</b>	
<b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>ARKANSAS</u>		
Print Name <u>Mary J. Rinaldi</u>		Title: <u>Consultant-Compliance/Marketing/AD</u>
Original Signature <u><i>Mary J. Rinaldi</i></u>		Date <u>January 14, 2008</u>

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>		<b>G07-61</b>
<b>This filing corresponds to rate filing company tracking number</b>		

	<b>Document Name</b>	<b>Form Number</b>		<b>Replace Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01	Helping Hand Admin Text/Blurb	ADF#1849.07	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Consequences Admin Text/Blurb	ADF#1850.07	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03	Age 29 or 92 Admin Text/Blurb	ADF#1851.07	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04	Caregiver Dilemma Text/Blurb	ADF#1852.07	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

<b>18.</b>		<b>Rate Filing Attachment</b>		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		%		
	<b>Document Name</b>	<b>Affected Form Numbers</b>		<b>Previous State Filing Number</b>
	<b>Description</b>			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	

LH RFA-1

Metropolitan Life Insurance Company  
57 Greens Farms Road, Westport, CT 06880  
Tel 203 221-3859 Fax 203 221-6554  
Mrinaldi@metlife.com



**Mary J. Rinaldi**  
Long-Term Care Group

January 14, 2008

Commissioner of Insurance  
Arkansas Insurance Department  
1200 West 3rd Street  
Little Rock, Arkansas 72201-1904

**Re: Filing No. G07-61**  
Metropolitan Life Insurance Company ("MetLife")  
Group Long-Term Care Insurance Advertising  
NAIC Company No. 65978 - FEIN 13-5581829

Dear Sir/Madam:

We enclose for filing electronic copies of the group long-term care advertising materials described below. The material are intended for use with the following previously approved group long-term care policy forms.

G.LTC197	Participating Single Employer Policy	Approved: September 28, 1998
G.LTC1597	Participating Trust Policy	Approved: September 1, 1998
GPNP99-LTC	Non-Participating Policy	Approved: February 22, 2000

The advertising materials are new and do **not** replace any materials previously filed with your Department.

<b>Advertising Form Number</b>	<b>Brief Description of Invitation to Inquire Advertising Material</b>
ADF#1849.07	Helping Hand Admin Text/Blurb
ADF#1850.07	Consequences Admin Text/Blurb
ADF#1851.07	Age 29 or 92 Admin Text/Blurb
ADF#1852.07	Caregiver Dilemma Text/Blurb

The NAIC Form is enclosed and the filing fee check has been mailed to your Department.

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Mary J. Rinaldi".

Mary J. Rinaldi  
Consultant-Compliance Marketing/AD